



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY GROUP
PO BOX 29407
SAN ANTONIO TX 78229-5907

Carrier's Austin Representative Box

54

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Date Received

MAY 22, 2012

MFDR Tracking Number

M4-12-2948-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally filed bills with Blue Cross Blue Shield on the patient as this is what was provided at the time of service. It was not until 02/10/2012 that we were provided Work Comp insurance. Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed Work Comp or Commercial Insurance."

Amount in Dispute: \$656.35

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided radiological services to the claimant on 5/24/11 then billed Blue Cross Blue Shield (BCBS) for those services. The requestor's Attachment C is an explanation of benefits form from BCBS. The requestor reports it was notified on 2/10/12 of the correct carrier to bill for the services-Texas Mutual. The requestor's Attachment D is a diary note of that notification. Texas Mutual received the requestor's billing on 4/23/12, well within the 95 days allowed for this scenario under the Labor code at 408.0272 and Rule 133.20(b). However, the requestor's bill is still untimely for the following reason. Rule 133.20(b) states in pertinent part, '...A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted...' Texas Mutual has no record of receiving a copy of the original medical bill the requestor submitted to BCBS...According to the portion of the Rule just cited, the requestor had 95 days from the date of notification on 2/10/12 to supply that bill. Ninety-five days from 2/10/12 is 5/15/12. The bill is untimely. No payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 24, 2011	CPT Code 74170	\$616.35	\$0.00
	CPT Code 09967	\$50.00	\$0.00
TOTAL		\$656.35	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for certain exceptions for untimely submission of claim.
3. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
4. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 *Texas Register* 430, sets out the procedure for healthcare providers submitting medical bills.
5. Neither party to this dispute submitted copies of explanation of benefits for the disputed services; therefore, the disputed services will be reviewed per applicable Division rules and guidelines.

Issues

Does a timely filing issue exist?

Findings

Both parties in the dispute discuss timely filing in their position statements because initially the requestor submitted the disputed medical bills to BCBS.

Texas Labor Code §408.0272(b)(1)(C) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The requestor states in the position summary that "We originally filed bills with Blue Cross Blue Shield on the patient as this is what was provided at the time of service. It was not until 02/10/2012 that we were provided Work Comp insurance. Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed Work Comp or Commercial Insurance." In support of their position the requestor submitted a remittance notice to BCBS dated June 15, 2011.

The respondent states in the position summary that "Texas Mutual received the requestor's billing on 4/23/12, well within the 95 days allowed for this scenario under the Labor code at 408.0272 and Rule 133.20(b). However, the requestor's bill is still untimely for the following reason. Rule 133.20(b) states in pertinent part, '...A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted.'"

28 Texas Administrative Code §133.20(b) states in part "A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied."

The Division finds that the requestor has not submitted a copy of the original medical bill submitted to BCBS and a copy of the explanation of benefits (EOB) if available as required by 28 Texas Administrative Code §133.20(b). As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has forfeited its right to reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	10/04/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.